

County: Outagamie
 ANNA JOHN NURSING HOME
 P. O. BOX 365

Facility ID: 6660

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ONEIDA 54155 Phone: (920) 869-2797
 Operated from 1/1 To 12/31 Days of Operation: 365
 Operate in Conjunction with Hospital? No
 Number of Beds Set Up and Staffed (12/31/01): 48
 Total Licensed Bed Capacity (12/31/01): 48
 Number of Residents on 12/31/01: 34

Ownership: Tribal Government
 Highest Level License: Skilled
 Operate in Conjunction with CBRF? No
 Title 18 (Medicare) Certified? No
 Title 19 (Medicaid) Certified? Yes
 Average Daily Census: 31

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/01)				Length of Stay (12/31/01)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		38.2
Supp. Home Care-Personal Care	No					1 - 4 Years		38.2
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	8.8	More Than 4 Years		23.5
Day Services	No	Mental Illness (Org./Psy)	26.5	65 - 74	8.8			-----
Respite Care	No	Mental Illness (Other)	2.9	75 - 84	26.5			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	50.0	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	5.9	Full-Time Equivalent		
Congregate Meals	No	Cancer	5.9		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	Yes	Fractures	0.0		100.0	(12/31/01)		
Other Meals	No	Cardiovascular	8.8	65 & Over	91.2	-----		
Transportation	No	Cerebrovascular	2.9		-----	RNs		9.4
Referral Service	No	Diabetes	11.8	Sex	%	LPNs		10.0
Other Services	No	Respiratory	0.0		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	41.2	Male	8.8	Aides, & Orderlies		
Mentally Ill	No		-----	Female	91.2			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

Method of Reimbursement

Level of Care	Medi care (Title 18)			Medi caid (Title 19)			Other		Pri vate Pay			Fami ly Care		Managed Care			Total Resi - dents	% Of All		
	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%			Per Di em (\$)	
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	0	0.0	0	29	90.6	125	0	0.0	0	2	100.0	125	0	0.0	0	0	0.0	0	31	91.2
Intermediate	---	---	---	3	9.4	104	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	3	8.8
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0		32	100.0		0	0.0		2	100.0		0	0.0		0	0.0		34	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/01				
				% Needing Assistance of One Or Two Staff	% Totally Dependent	Total Number of Residents
Percent Admissions from		Activities of	%			
Private Home/No Home Health	16.2	Daily Living (ADL)	Independent			
Private Home/With Home Health	27.0	Bathing	0.0	94.1	5.9	34
Other Nursing Homes	10.8	Dressing	8.8	73.5	17.6	34
Acute Care Hospitals	43.2	Transferring	26.5	55.9	17.6	34
Psych. Hosp. -MR/DD Facilities	0.0	Toilet Use	35.3	47.1	17.6	34
Rehabilitation Hospitals	0.0	Eating	64.7	23.5	11.8	34
Other Locations	2.7	*****				
Total Number of Admissions	37	Continence	%	Special Treatments		%
Percent Discharges To:		Indwelling Or External Catheter	2.9	Receiving Respiratory Care		2.9
Private Home/No Home Health	14.3	Occ/Freq. Incontinent of Bladder	47.1	Receiving Tracheostomy Care		0.0
Private Home/With Home Health	21.4	Occ/Freq. Incontinent of Bowel	11.8	Receiving Suctioning		0.0
Other Nursing Homes	7.1			Receiving Ostomy Care		2.9
Acute Care Hospitals	35.7	Mobility		Receiving Tube Feeding		0.0
Psych. Hosp. -MR/DD Facilities	0.0	Physically Restrained	5.9	Receiving Mechanically Altered Diets		35.3
Rehabilitation Hospitals	0.0					
Other Locations	0.0	Skin Care		Other Resident Characteristics		
Deaths	21.4	With Pressure Sores	0.0	Have Advance Directives		100.0
Total Number of Discharges		With Rashes	5.9	Medications		
(Including Deaths)	28			Receiving Psychoactive Drugs		41.2

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Government Peer Group %	Ratio	Bed Size: Under 50 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	64.6	81.4	0.79	83.8	0.77	84.3	0.77	84.6	0.76
Current Residents from In-County	23.5	84.1	0.28	74.6	0.32	82.7	0.28	77.0	0.31
Admissions from In-County, Still Residing	10.8	32.4	0.33	33.2	0.33	21.6	0.50	20.8	0.52
Admissions/Average Daily Census	119.4	64.0	1.86	75.3	1.59	137.9	0.87	128.9	0.93
Discharges/Average Daily Census	90.3	66.7	1.35	77.3	1.17	139.0	0.65	130.0	0.69
Discharges To Private Residence/Average Daily Census	32.3	19.2	1.68	15.9	2.03	55.2	0.58	52.8	0.61
Residents Receiving Skilled Care	91.2	85.0	1.07	91.2	1.00	91.8	0.99	85.3	1.07
Residents Aged 65 and Older	91.2	84.3	1.08	97.7	0.93	92.5	0.99	87.5	1.04
Title 19 (Medicaid) Funded Residents	94.1	77.7	1.21	60.7	1.55	64.3	1.46	68.7	1.37
Private Pay Funded Residents	5.9	16.8	0.35	36.2	0.16	25.6	0.23	22.0	0.27
Developmentally Disabled Residents	0.0	3.2	0.00	1.4	0.00	1.2	0.00	7.6	0.00
Mentally Ill Residents	29.4	56.2	0.52	33.9	0.87	37.4	0.79	33.8	0.87
General Medical Service Residents	41.2	15.4	2.68	24.3	1.69	21.2	1.94	19.4	2.12
Impaired ADL (Mean)	44.1	49.2	0.90	51.1	0.86	49.6	0.89	49.3	0.90
Psychological Problems	41.2	65.9	0.62	58.2	0.71	54.1	0.76	51.9	0.79
Nursing Care Required (Mean)	5.9	7.6	0.78	7.0	0.84	6.5	0.90	7.3	0.80